Sherwood Forest Hospitals NHS
NHS Foundation Trust

Board of Directors Meeting

Subject: Quarter 2 - Quality and Safety Report
Date: 5th November 2015
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Lead Director: Dr Andrew Haynes – Executive Medical Director
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Executive Summary

Within the 2015/16 Quality Account, the Trust agreed a number of key Quality and Safety targets these are identified within the trusts Patient Quality and Safety Strategy. This report gives an assessment and future plans against those priorities.

Quality Priority 1: A joint Mortality Action Plan has been developed between Sherwood Forest Hospital Trust and the Mid-Nottinghamshire CCGs. Our aim is to achieve a sustained HSMR at, or below 100. The plan sets out in detail a number of clinical and administrative areas where work is focused; sepsis, pneumonia, pathways of care including acute kidney injury, end of life care including ceilings of care and supporting documentation. The Dr Foster Data Intelligence data is now reported up to June 2015. This shows a reduction in our HSMR. The HSMR for May 2015 was 103 and is currently showing at 89 for June 2015.

Quality Priority 2: This priority focuses on improving the management of sepsis and reducing sepsis related mortality. An audit of patients with Bacteraemia and Sepsis is carried out monthly. In addition to the Trust Sepsis group, a Task & Finish group has been set up (with Executive chair) to review and monitor in Sepsis screening and compliance with the Sepsis pathway. The Sepsis Task Force continues to oversee the Sepsis Action Plan which was created to accelerate the improvement of sepsis care and achieve compliance with the Sepsis Six Bundle. The target is Trust wide compliance >90% by November 2015. The CQUIN target for Quarter 2 was to achieve 60% compliance with sepsis screening within our admission areas. We have exceeded this target with compliance of 94.8%

Quality Priority 3: The falls priority is to reduce the number of inpatients falling in hospital, with harm, and reduce the number of inpatients reporting severe or catastrophic harm as a result of a fall in hospital. The focus of the falls work programme is to work with the nursing and clinical teams to understand the perceived barriers that prevent the outcome of risk assessment being transacted into practice. The number of falls with harm shows a reduction against the mean for September; confirmation of the CQUIN target remains to be agreed. The number of falls with severe harm for quarter 2 shows no improvement, work continues to target support on specific wards and areas with a higher incidence of falls with harm to promote sustained interventions.

Clostridium Difficile remains high on the agenda and a comprehensive action plan is in place with clear, measurable goals. A meeting has taken place to discuss future management across the whole health economy, identifying triggers and practice issues.

It is disappointing that we failed to meet the venous thromboembolism (VTE) assessment target for July and August 2015 which we have previously consistently met. The shortfall was on average 2.2%. Compliance improved during September to 95.09%.

Recommendation The Trust Board are asked to: Discuss the information provided and the actions being taken to mitigate the areas of concern.

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	BAF 1.3,2.1,2.2,2.3,5.3,5.5 Mortality on corporate risk register
Details of additional risks associated with this paper *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	Failure to meet the Monitor regulatory requirements for governance – remain in significant breach. Risk of being assessed as non-complaint against the CQC essential standards of Quality and Safety.
Links to NHS Constitution	Principal 2,3, 4 & 7
Financial Implications/Impact	Potential contractual penalties for failure to deliver the quality schedule.
Legal Implications/Impact	Reputational implications of delivering sub-standards safety and care.
Partnership working & Public Engagement Implications/Impact	This paper will be shared with the CCG Performance and Quality Group.
Committees/groups where this item has been presented before	A number of specific items have been discussed; Clinical Governance & Quality Committee, Falls Steering Group and Mortality Group.
Monitoring and Review	Monitoring via the quality contract, CCG Performance and Quality Committee & internal processes.
Is a QIA required/been completed? If yes provide brief details	No